

**February 10, 2009**

# **Montana Healthcare Programs Notice**

## **Inpatient Hospitals**

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### **Clarification for Changes in Prior Authorization Requirements**

**Effective October 1, 2008**

The purpose of this notice is to clarify inpatient prior authorization requirements regarding cross-over and third party liability (TPL) claims.

Montana Medicaid, prior to October 1, 2008, did not require prior authorization for services or hospitalizations provided to clients that also had Medicare and/or TPL.

**Effective October 1, 2008, the following important changes have occurred to inpatient claims in regard to the prior authorization process:**

#### **Inpatient Medicare Crossover Claims**

- If the inpatient service requires prior authorization, the crossover claim requires prior authorization. If no prior authorization is obtained, the claim will be denied.
- If the inpatient service does not require prior authorization, there are no requirements to obtain a prior authorization for the inpatient crossover claim, even if the hospital is out-of-state.
- The only exception to this requirement is that inpatient mental health crossover claims do not require prior authorization.

#### **Inpatient Non-Crossover Claims**

- All inpatient services that require prior authorization, including claims with TPL, must obtain a prior authorization or the claim will be denied. Mental health inpatient non-crossover claims require prior authorization.
- Out of state inpatient hospital claims including claims that have a TPL are required to have prior authorization.
  - If prior authorization is not obtained and the service does not require prior authorization, a clean claim will pay at 50 percent of the APR-DRG payment. (A clean claim is a claim that can be processed without additional information or documentation from or action by the provider within the timeframe required.)

Border hospitals (those hospitals located within 100 miles of the Montana border) follow the same guidelines as a Montana hospital. Should you need clarification as to whether or not your facility qualifies as a border hospital, please contact Provider Relations at the number/e-mail listed below.

For additional information concerning prior authorization, please reference the provider notice dated September 1, 2008, located at [www.mtmedicaid.org](http://www.mtmedicaid.org). To see if a service requires prior authorization you can contact Provider Relations or reference your web-based provider manual.

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**

For prior authorization, contact Mountain Pacific Quality Health Foundation:

**Mountain Pacific Quality Health Foundation**

**3404 Cooney Drive**

**Helena, MT 59602**

**Toll-free in- and out-of-state: 1-800-262-1545 X5850**

**Helena: (406) 443-4020 X5850**

**Fax: (406) 443-4585 in Helena, toll-free 1-800-497-8235 in- or out-of-state**